



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: PEDRO NOSNIK MD PA 4100 W 15 TH ST. SUITE 218 PLANO, TX 75093	MFDR Tracking #: M4-10-3574-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: STATE OFFICE OF RISK MANAGEMENT Box #:	Date of Injury:
	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary: "Claim lacks information which is needed for adjudication. Sent the "73" and received another denial not deemed a medical necessity. This was the 1st "73" done by Dr. Nosnik."

Principal Documentation:

1. DWC 60 Package
2. Medical Bill(s)
3. EOB(s)
4. Medical Records
5. Total Amount Sought - \$15.00

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "The Office received a bill filed by Pedro Nosnik MD on 10/5/09, an audit was completed reimbursing the Office visit and denying CPT code 99080-73 for 16-Claim/service lacks information which is needed for adjudication and included a comment that states "Please submit a copy of the DWC 73 for review; Carrier has no record of DWC 73 on file". A request for reconsideration was received on 11/3/09 an audit was processed denying CPT code 99080-73 for 193-Original payment decision is being maintained, this claim was processed properly the first time and 17-Payment adjusted because requested information was not provided or was insufficient/incomplete with a comment stating "Provider must complete Part II-Box C and describe how the injury prevents the IW form {sic} returning to work". Further review found a third submission was received on 2/26/10, an audit was processed denying CPT code 90880-73{sic} for 193-Original payment decision is being maintained, this claim was processed properly the first time and 17-Payment adjusted because requested information was not provided or was insufficient/incomplete with a comment stating "Provider must complete Part II-Box C and describe how the injury prevents the IW form {sic} returning to work." Pursuant to rule §129.5(c)(4) and the DWC 73 instructions which defines the rules for filing a complete work status report, it states in sub paragraph (4) an explanation of how the employee's workers' compensation injury prevents the employee from returning to work (if the doctor believes that the employee is prevented from returning to work). Review of the requestor's submissions of the DWC 73, the requestor has failed to include in Part II-Box C an explanation of how the employee's worker's compensation injury prevents the employee from returning to work. The Office has not received the providers corrected DWC 73 form; therefore the report continues to be considered incomplete."

Principal Documentation:

1. Response Package
2. DWC-73 Instructions

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
9/21/2009	99080-73	N/A	\$15.00	\$0.00
			Total Due:	\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Tex. Lab. Code Ann. §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Tex. Admin. Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Tex. Admin. Code §129.5 sets out the guidelines for work status reports and applies to the services in dispute.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 10/5/09

- 16 – Claim/service lacks information which is needed for adjudication. Remark codes whenever appropriate. Please submit copy of DWC-73 for review, carrier has not {sic} record of DWC-73 on file.

Explanation of benefits dated 2/26/10

- 193 – Original payment decision is being maintained. This claim was processed properly the first time.
- 17 – Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate.

Issues

1. Is the Requestor's submitted work status report filed in the form and manner as prescribed by the Division?
2. Is the Requestor entitled to reimbursement?

Findings

1. The DWC-73 work status report form is reviewed. Under Part II, work status information (fully complete one including estimated dates and description in 13 (c) as applicable), the report supports Box C checked and provides a date when the injured worker was prevented from returning to work and provides a date of expiration. The report does not describe how the injury prevents the employee from returning to work.
2. Pursuant to rule 129.5(b)(4), the doctor shall file a Work Status Report in the form and manner prescribed by the Commission and include an explanation of how the employee's workers' compensation injury prevents the employee from returning to work (if the doctor believes that the employee is prevented from returning to work).
3. The DWC-73 work status report does not sufficiently meet the documentation requirements in accordance with rule 129.5.

Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031 and §413.019 (if applicable), the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services involved in this dispute.

Authorized Signature

Medical Fee Dispute Resolution Officer

4/28/10

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers

Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.